

**Virginia Health Reform Initiative
Technology Taskforce Teleconference Meeting
September 22, 2010 1:30-2:30pm
MINUTES**

Public Call In: 1-877-664-7391
ID# 11309870

Welcome: Cindi Jones, Director Virginia Health Reform Initiative

For any interested parties, comments can always be sent to VHRI@governor.virginia.gov

Agenda for Meeting:

Overview of VHRI

Describe Framework for reports

Have co-chairs describe what is next step and process for October meeting

Before us is an opportunity to offer an alternative state model for Virginia's Health Reform Initiative. Going beyond federal reform and meet the needs of Virginians and contribute to the economy. Members have been asked to commit time until December 2010, at that time we will be able to identify what Virginia needs to do in order to move forward and get work accomplished.

Key Question: Where are we going and what is the end product?

Four Questions to inform report:

1. What do we know? (See charge statements and Aug 21st presentations)
2. What do we need to know? (Discussion today to determine what information and presentations are needed for October)
3. What are opportunities and challenges (Will receive information in October)
4. What choices does Virginia need to make and what is the plan in each of the six taskforce areas?

Turn over to co-chair:

Three areas of intense purpose (DID ANYONE GET THIS?)

- Compile list of initiatives already underway in Virginia. Electronic Medical Records, CareSpark, etc. and get a view of what is going on in Virginia in order to use existing projects as leverage for what we want need to do.
- Can state data input standards match the requirements of what the feds are requiring? For medical practices, it is important that this information can be captured once, for multiple uses...if necessary.

- Ideal is to take process and waste out of the system, thus aligning and streamlining data standards that are mandated from both the federal and state levels. Virginia could very well go beyond federal mandates and standards.
- Identify areas where Technology can help supplement health reform.
- Look at the potential of All Payer Claims Database.
 - What are the specifications and ramifications of doing such here in the Commonwealth?
 - Could this be in lieu of hospital database, especially in the environment where much care is being provided in outpatient settings?
- All Payer Claims Database- states that are more advanced can show even at county level, use rates. Helps states to measure utilization and information of utilization which allows comparison across communities and helps for the focus of opportunities.
- Physician buy in will be necessary in order for something like an All Payer Claims Database to be successful. Some doubt a process solely based on obtaining data from insurance companies.
 - In many ways, electronic medical records were put into physician practices in order to dispute insurance claims.
- Claims data must be able to be translated into something that is clinically meaningful. For example, it is not helpful to know that there are x amount of tests being preformed if you can't extrapolate what the results of those tests are.

Data Elements and Information:

- Exchanges need to have record locator service so that individuals know where to find their information
- Concern about who is “consumer” and what level of information is shared among each (Role Based Access Control)
- Business process of how information is captured and how we should manage data
- How will this electronic data/ information fit into the tort system? If undergoing a med/mal practice case, what information will be available to attorneys and how will attorneys be able to defend or prosecute a case?

Needs for October Meeting:

- For rural and general physicians, internet access will be critical in order to encourage doctors and smaller practices to adopt the EMR and other technical options.
- How do we get other family doctors to increase participation in technology opportunities?
- Integration of federal partners; Veterans (VA) and Department of Defense (DOD) in order to ensure, again, that there is not a duplication of efforts.

Closing:

Members: if you have further comments or ideas please feel free to send to
VHRI@governor.virginia.gov

Next meeting of Virginia Health Reform Initiative Technology Taskforce is October 22, 2010 9:30-12:30. All meetings at the Virginia Department of Medical Assistance Services (DMAS) 600 East Broad Street Richmond, VA 23219 in room 7a/b.

Framework: 3 hours

- 1- Talk about and receive presentations identified as needed on September 21, 2010 phone call
- 2- Public Comment (instructions to soon follow)
- 3- Co-chairs will lead discussion and will identify what should be considered by full advisory council meeting.

Thank You: co-chairs, taskforce members, George Mason University,

Adjourn -